07/16/2009 23:49

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines Green Party of the United States 1 1 1 1 1623 Connecticut Ave., NW ADDRESS (number and street) 4th Floor Check if different than previously Washington DC 20009 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00370221 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2009 02 28 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Assistant Treasurer Doug Malkan Type or Print Name of Treasurer Electronically Filed by Assistant Treasurer Doug Malkan 07 17 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/35

Write or Type Committee Name Green Party of the United States

FEC Form 3X (Rev. 02/2003)

	eport Covering the Period: From:	01 2009	To: 02 28 2009
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 $2009^{Y}$ $Y$ $Y$		-3545.21
	(b) Cash on Hand at Begining of Reporting Period	-2600.98	
	(c) Total Receipts (from Line 19)	35892.82	85169.66
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33291.84	81624.45
7.	Total Disbursements (from Line 31)	38161.11	86493.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-4869.27	-4869.27
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on		
	Schedule C and/or Schedule D)	12255.75	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 35

Write or Type Committee Name
Green Party of the United States

Report Covering the Period:

м м 0 2

From:

D D D

2009

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м м 0 2 D D 28

<sup>Y</sup> 2009

I. Receipts	I. Receipts COLUMN A Total This Period			
Contributions (other than loans) From:     (a) Individuals/Persons Other				
Than Political Committees (i) Itemized (use Schedule A)	22320.00	52839.57		
(ii) Unitemized	13467.82	32085.09		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	35787.82	84924.66		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00		
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	35787.82	84924.66		
Transfers From Affiliated/Other     Party Committees	105.00	245.00		
3. All Loans Received	0.00	0.00		
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00		
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account (from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00		
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35892.82	85169.66		
. Total Federal Receipts (subtract Line 18(c) from Line 19)	35892.82	85169.66		

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 35

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal						
	Activity (from Schedule H4)	0.00	0.00				
	(i) Federal Share	0.00	0.00				
	(ii) Non-Federal Share	0.00	0.00				
	(b) Other Federal Operating	00004.44	75040 70				
	Expenditures	36024.11	75842.72				
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	36024.11	75842.72				
2.	Transfers to Affiliated/Other Party						
3	Contributions to	0.00	0.00				
Ο.	Federal Candidates/Committees and Other Political Committees	0.00	0.00				
4.	Independent Expenditure	0.00	0.00				
	(use Schedule E)	0.00	0.00				
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00				
	(acc corrodato i /						
6.	Loan Repayments Made	2000.00	10500.00				
	Loans Made	0.00	0.00				
8.	Refunds of Contributions To:  (a) Individuals/Persons Other						
	Than Political Committees	137.00	151.00				
	(b) Political Party Committees	0.00	0.00				
	(c) Other Political Committees	0.00	0.00				
	(such as PACs)	0.00	0.00				
	(d) Total Contribution Refunds	137.00	151.00				
	(add Lines 28(a), (b), and (c))						
9.	Other Disbursements	0.00	0.00				
0.	Federal Election Activity (2 U.S.C 431(20))						
	(a) Shared Federal Election Activity						
	(from Schedule H6)	0.00	0.00				
	(i) Federal Share	0.00	3.00				
	(ii) "Levin" Share	0.00	0.00				
	(b) Federal Election Activity Paid Entirely	0.00	0.00				
	With Federal Funds						
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
1.	Total Disbursements (add Lines 21(c), 22,						
•	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38161.11	86493.72				
32.	Total Federal Disbursements						
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	38161.11	86493.72				
	from Line 31)	30101.11	00493.72				

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 35

	III. Net Contributions/Operating Expenditures				
33.	Total Contributions (other than loans) from Line 11(d), page 3)	35787.82	84924.66		
4.	Total Contribution Refunds (from Line 28(d))	137.00	151.00		
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	35650.82	84773.66		
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36024.11	75842.72		
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
88.	Net Operating Expenditures (subtract Line 37 from Line 36)	36024.11	75842.72		

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Green Party of the United States	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Margaret L Kinosian  Mailing Address 131 East Side Dr  City  Ballston Lake  FEC ID number of contributing federal political committee.  Name of Employer BH-BL Central Schools  Receipt For:  Primary General Other (specify)	State Zip Code NY 12019  C  Occupation bus driver  Aggregate Year-to-Date  250.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Richard Mazess  Mailing Address 1015 Hot Springs Land  City  Montecito  FEC ID number of contributing federal political committee.  Name of Employer Retired  Receipt For: Primary General Other (specify)	State Zip Code CA 93108  C  Occupation Retired  Aggregate Year-to-Date  20000.00	Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Gregory Mullaley Mailing Address 7830 SW 127th Ct  City Miami  FEC ID number of contributing federal political committee.  Name of Employer CBP  Receipt For: Primary General Other (specify)	State Zip Code FL 33183  C  Occupation Officer  Aggregate Year-to-Date  228.25	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional)		20270.00

PAGE 7/35 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Green Party of the United States Full Name (Last, First, Middle Initial) Date of Receipt Art & Linda Myatt Mailing Address 50 Woodward Heights Blvd 02 28 2009 City State Zip Code Transaction ID: SA11AI.91398 Pleasant Ridge MI 48069 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 C federal political committee. converted loan to a donat-Name of Employer United Solar Ovonic Occupation Engineer Receipt For: Aggregate Year-to-Date General Primary 2000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Steven Welzer Date of Receipt Mailing Address PO Box 2029 0 2 28 2009 58 Brooktree Rd, East Windsor, NJ City State Zip Code Transaction ID: SA11AI.91372 **Princeton** NJ 08543 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Retired Occupation Systems Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00

SUBTOTAL of Receipts This Page (optional)	•	2050.00
TOTAL This Period (last page this line number only)	<b>→</b>	22320.00

Other (specify)

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/35 (check only one)
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Green Party of the United States	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) DC STATEHOOD GREEN PARTY  Mailing Address 1739 Irving St NW	Date of Receipt  0 2 1 7 2 0 0 9		
	City WASHINGTON	State DC	Zip Code 20010	Transaction ID: SA12.91391  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20010	80.00
	Name of Employer	Occupatio	on	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 80.00	
В.	Full Name (Last, First, Middle Initial) Green Party of Arkansas			Date of Receipt
	Mailing Address PO Box 444			0 2 0 4 2 0 0 9
	City	State	Zip Code	Transaction ID: SA12.91392
	<u>Omaha</u>	AR	72662	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	105.00
TOTAL This Period (last page this line number only)	<b>•</b>	105.00

В.

C.

age# 25552405747			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only X 21b 27	NUMBER: PAGE 9/35 y one)  22
Any Information copied from such Reports and States or for commercial purposes, other than using the name		by any person f	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Green Party of the United States			
Full Name (Last, First, Middle Initial) Brent McMillan			Transaction ID: SB21B.90735 Date of Disbursement
Mailing Address 1700 Conneticut Ave., N	IW, suite 40		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20009		Amount of Each Disbursement this Period
Purpose of Disbursement Executive Director Candidate Name		Category/	125.64
Senate President	ement For: Primary General Other (specify)	Туре	
State: District:  Full Name (Last, First, Middle Initial)  Brent McMillan			Transaction ID: SB21B.90736 Date of Disbursement
Mailing Address 1700 Conneticut Ave., N	IW, suite 40		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20009		Amount of Each Disbursement this Period
Purpose of Disbursement Executive Director Candidate Name		Category/	2000.00
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Туре	
State: District:			
Full Name (Last, First, Middle Initial) Brent McMillan			Transaction ID: SB21B.90737 Date of Disbursement
Mailing Address 1700 Conneticut Ave., N	IW, suite 40		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & T \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & Y \end{smallmatrix} \end{bmatrix}$
City Washington	State Zip Code DC 20009		Amount of Each Disbursement this Period
Purpose of Disbursement Executive Director Candidate Name		Category/ Type	2000.00
Senate President	ement For: Primary General Other (specify)	,,	
State: District:			
SURTOTAL of Dishursements This Page (ontional)			4125.64

**TOTAL** This Period (last page this line number only) ......

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					IE NUMBER: PAGE 10 / 35 nly one)									
ITEMIZED DISBURSEMENTS		egory of the mmary Page				22 23 24 28c 28c					25 29	26 30b			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				ny perso		the pu	rpose o	of so	liciting co		outions				
NAME OF COMMITTEE (In Full)															
Green Party of the United States															
Full Name (Last, First, Middle Initial) Brian Bittner							action of Disb		SB21I	3.90	738				
Mailing Address 503 Eastview Terrace 9					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$										
,		Zip Code 21009				Amou	int of E	ach	Disburse	men	t this F	Period			
Purpose of Disbursement Office Mrg						L.				2	50.00				
Candidate Name				tegory/ ype											
Senate President	ment For: Primary Other (specif	General y) ▼													
State: District:															
Full Name (Last, First, Middle Initial) Budd Dickinson						Date of	of Disb	urse				V			
Mailing Address 316 M Street						0 <sup>M</sup> 2	M /	<sup>D</sup> 2	8 /	ž	0 0 5	)			
,		Zip Code 95501				Amou	int of E	ach	Disburse			-			
Purpose of Disbursement Travel										4	00.00				
Candidate Name				tegory/ ype											
Senate President	ment For: Primary Other (specif	General y) ▼													
State: District:															
Full Name (Last, First, Middle Initial) David Doonan						Date of	of Disb	urse				_			
Mailing Address 161 Main St						0 <sup>M</sup> 2	M /	<sup>D</sup> 2	7 /	ž	0 0 5	) <sup>Y</sup>			
		Zip Code 12834				Amou	int of E	ach	Disburse			-			
Purpose of Disbursement SUPPORT & SERVICES:Web Manager							-			5	25.25				
Candidate Name				tegory/ ype											
Senate President	ment For: Primary Other (specif	General y) ▼													
State: District:															
SUBTOTAL of Disbursements This Page (optional) .				<b>)</b>	•					117	75.25				

S	CHEDULE B (FEC Form 3X)	Use separate so	hedule(s)	_	FOR LINE NUMBER: P (check only one)			AGE	11/3	35		
IT	EMIZED DISBURSEMENTS	for each categor Detailed Summa	y of the	X	21b 27	22 28a	_	23 28b	24 28c	Н	25 29	26 30k
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam											
\	NAME OF COMMITTEE (In Full)	o and address of a	iy pomiour oo		00 10 00				JIII 00011			
	Green Party of the United States											
Α.	Full Name (Last, First, Middle Initial) DC Urban Properties					Trans		burse		B.90	741	
	Mailing Address 1104 17th St NW					0 <sup>M</sup> 2	M /	0	<sup>D</sup> /	ž	0 0 9	Y
	City Washington	State Zip C DC 2000				Amou	nt of	Each	Disburs			
	Purpose of Disbursement SUPPORT & SERVICES:Rent expense			•			_			15	00.00	
	Candidate Name			Catego Typo								
	Senate President	ement For: Primary Other (specify)	General									
	State: District:											
В.	Full Name (Last, First, Middle Initial) Doug Malkan CPA					Date o	of Dis		SB21 ement	B.90	742	
	Mailing Address PO Box 7051			0 <sup>M</sup> 2	M /	<sup>D</sup> 2	8 /	Ý Ž	0 ŏ 9	Y		
	City Breckenridge	State Zip C				Amou	nt of	Each	Disburs	emen	t this F	Period
	Purpose of Disbursement Accountant - 2 months					L.				18	00.00	
	Candidate Name			Catego								
	Office Sought:  Senate  President  State:  Disburse	ement For: Primary Other (specify)	General									
С.	Full Name (Last, First, Middle Initial) Emily Citkowski					Date o	of Dis	burse		B.90	743	
	Mailing Address 1700 Conneticut Ave., N				0 2	M /	<sup>D</sup> 2	0 /	Ý Ž	0 ŏ 9	Y	
	City Washington	State Zip C				Amou	nt of	Each	Disburs	emen	t this F	Period
	Purpose of Disbursement SUPPORT & SERVICES:Operations Director									10	00.00	
	Candidate Name		-	Catego Typo								
	Senate President	ement For: Primary Other (specify)	General									
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)									430	00.00	
Т	OTAL This Period (last page this line number only)				•							

В.

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 12/35
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	- · -	
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	and address of any pointed			om such committee
Green Party of the United States				
Full Name (Last, First, Middle Initial) Emily Citkowski			Transaction ID Date of Disburs	: SB21B.90744
Mailing Address 1700 Conneticut Ave., N	W, suite 40			27 2009
City	State Zip Code		Amount of Fool	Dishurasment this Devied
	State Zip Code DC 20009		Amount of Each	n Disbursement this Period
Purpose of Disbursement SUPPORT & SERVICES:Operations Director		•		1000.00
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Empower Telefundraising			Date of Disburs	
Mailing Address 1432 University Avenue			02 / 0	17 7 2009
City Berkeley	State Zip Code CA 94703		Amount of Each	Disbursement this Period
Purpose of Disbursement	01700			2627.70
Telephone Fundraising Candidate Name		Category/ Type		
Office Sought:  House Senate President State:  Disburse	ment For: Primary General Other (specify)	. , , , ,		
Full Name (Last, First, Middle Initial)			Transaction ID	: SB21B.90746
Empower Telefundraising			Date of Disburs	ement
Mailing Address 1432 University Avenue			02 / 2	24 4 2009
City Berkeley	State Zip Code CA 94703		Amount of Each	Disbursement this Period
Purpose of Disbursement Telephone Fundraising				1051.74
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	.,,,,,		
State: District:	· · · · ·			
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		4679.44

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CHEDULE B (FEC Form 3X)	llse sena	arate schedule(s)	FOR LINE NUMBER: PAGE 13 / 35												
EMIZED DISBURSEMENTS	for each category of the				eck or	ily o	´ -	$\overline{}$					ا مم		
Detailed Summary Page		-   -	_	21b 27	Н	22 28a	_	23 28b	Н	24 28c	$\vdash$	25	$\vdash$	26 30b	
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for commercial purposes, other than using the nam															
NAME OF COMMITTEE (In Full)															
Green Party of the United States															
Full Name (Last, First, Middle Initial) Empower Telefundraising							Transa Date of			_		3.9	0747		
							ММ	_	D	D	/ Y	′ '	ž 0 ŏ 9	Y	
Mailing Address 1432 University Avenue							0 2		2	2 4	L	-	2009	9	
City	State	Zip Code					Amoun	t of	Each	Dis	burse	me	nt this I	Perio	od
Berkeley	CA	94703										10	680.78	3	
Purpose of Disbursement Telephone Fundraising							-	-	-			-	000.70		
Candidate Name				tego	•										
			Т	ype	!										
Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District:						-									
Full Name (Last, First, Middle Initial) Ethix Ventures							Transa Date of			_		3.9	0748		
Mailing Address 122 Mt Auborn St.							0 <sup>M</sup> 2 M	_ ′	<sup>D</sup> 2	24	/ Y	· :	ž 0 ŏ 9	9 <sup>Y</sup>	
City	State	Zip Code					Amoun	t of	Each	Dis	burse	me	nt this I	Perio	od
Cambridge	MA	02138							,						
Purpose of Disbursement waterbottles # 200								0					420.00	כ	
Candidate Name				tego ype	-										
Senate President	ement For: Primary Other (spe	General cify) ▼													
State: District: Full Name (Last, First, Middle Initial)															
Hilton Palmer House							Transa Date of	Dis	burse	eme		3.9	1397		
Mailing Address 17 E. Monroe St.							0 <sup>M</sup> 2 M	′	<sup>D</sup> 0	4	/ L	:	žoŏs	9 <sup>Y</sup>	
City	State	Zip Code					Amoun	t of	Each	Dis	burse	me	nt this	Perio	d
Chicago	IL	60603											E00.00	`	
Purpose of Disbursement								-					500.00	J	_
Candidate Name				tego ype											
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
District.								_				_			_
JBTOTAL of Disbursements This Page (optional)								-	-			26	500.78	3	닉
OTAL This Period (last page this line number only)	)				•										
AN026							FEC	Sc	hedu	le B	( For	m 3	BX) (Re	evise	d (

	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 23 24 25 2 28a 28b 28c 29 3								
	ts and Statements may not be sold or user sing the name and address of any politica										
Full Name (Last, First, Middle Initial) Hilton Palmer House  Mailing Address 17 E. Monroe	. Ct		Transaction ID: SB21B.91395 Date of Disbursement  0 2 4 2 0 0 9								
City Chicago	State Zip Code IL 60603		Amount of Each Disbursement this Period								
Purpose of Disbursement  Candidate Name		Category/	2500.00								
Office Sought: House Senate President State: District:	Disbursement For:  Primary General  Other (specify) ▼	Туре									
Full Name (Last, First, Middle Initial) Hilton Palmer House			Transaction ID: SB21B.91401 Date of Disbursement  M M M D D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
Mailing Address 17 E. Monroe  City Chicago	State Zip Code IL 60603		Amount of Each Disbursement this Period								
Purpose of Disbursement paid by Kreml Candidate Name	IL 60003	Category/ Type	100.00								
Office Sought:  House Senate President State:  District:	Disbursement For:  Primary General  Other (specify) ▼	,									
Full Name (Last, First, Middle Initial) Jason Nabowoniec			Transaction ID: SB21B.90752 Date of Disbursement								
Mailing Address			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 0 & 2 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 8 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{smallmatrix} \end{bmatrix}$								
City	State Zip Code		Amount of Each Disbursement this Period								
Purpose of Disbursement Travel Candidate Name		Category/	471.00								
Office Sought: House Senate President State: District:	Disbursement For:  Primary General  Other (specify) ▼	Туре									
	ge (optional)	<b>&gt;</b>	3071.00								

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			IE NUMBE	ER:		P	AGE	15 /	35			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1 -	(check o X 21b 27	22 28a		23 28b	24 28c	F	25 29	26			
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										s	_		
NAME OF COMMITTEE (In Full)											_		
Green Party of the United States													
Full Name (Last, First, Middle Initial) Jody Grage					of D	isburs	: SB21 ement						
Mailing Address 2428 NW 56th				02 0 0 9									
,	State Zip Code WA 98107			Amount of Each Disburse				emer	nt this	Period	_		
Purpose of Disbursement Travel				<u> </u>				. 4	0.00	)			
Candidate Name			tegory/ ype										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial) Megapath Networks							: SB21 ement		0755 2 0 ŏ	a Y			
Mailing Address PO Box 7711				0 2					. 0 0				
•	State Zip Code CA 94120			Amo	unt c	f Each	Disburs	emer	t this	Period			
Purpose of Disbursement DSL				T L.				2	258.5	1			
Candidate Name			tegory/ ype										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)												
Full Name (Last, First, Middle Initial)				Trans	sact	ion ID	: SB21	R 90	1756		-		
Pair Network				_		isburs	ement			V			
Mailing Address 2403 Sidney St Suite 510	1			0 2	IM		24	2	o ŏ	9 '			
	State Zip Code PA 15203			Amo	unt c	f Each	Disburs	-			_		
Purpose of Disbursement SUPPORT & SERVICES:Internet:Website hosting				L.	-			1	54.5	)			
Candidate Name		ı	tegory/ ype										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)												
SUBTOTAL of Disbursements This Page (optional) .							•	8	13.0	1	_		
TOTAL This Period (last page this line number only)					•				+				

**SCHEDULE B (FEC Form 3X)** FOR LINE NUMBER: PAGE 16/35 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 23 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Green Party of the United States Full Name (Last, First, Middle Initial) Transaction ID: SB21B.90757 **PAYCHEX** Date of Disbursement 10 0 2 2009 Mailing Address 3060 Williams Dr., 300 City State Zip Code Amount of Each Disbursement this Period Fairfax VA 22031 187.97 Purpose of Disbursement SUPPORT & SERVICES:Payroll costs:Fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.90758 В. PayPal Date of Disbursement 0 9 0 2 2009 Mailing Address 1840 Embarcadero Rd City State Zip Code Amount of Each Disbursement this Period Palo Alto 94303 CA 149.00 Purpose of Disbursement FUND RAISING PROGRAMS: Collection processing fees Candidate Name Category/ Туре Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.90760 C. Purchase Power Date of Disbursement 24 2009 Mailing Address PO Box 856042 City State Zip Code Amount of Each Disbursement this Period Louisville KY 40285 649.44 Purpose of Disbursement postage Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 986.41 SUBTOTAL of Disbursements This Page (optional) ...  $\blacktriangleright$ 

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s	edule(S)   (check or										AGE 17/35		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page  X 21b 27		F	22 28a		23 28b	F	24 28c		25 29	$\Box$	26 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													8	
NAME OF COMMITTEE (In Full)  Green Party of the United States														
Full Name (Last, First, Middle Initial) Red Sun Press  Mailing Address 94 Green St						Date of		isburs	em			761 0 0 9	) Y	
City	State Zip Code					Amou	nt o	f Each	ı D	isburse	mer	t this	Period	
Boston Purpose of Disbursement postage	MA 02130		0	•			•				71	82.38	3	
Candidate Name				egory/ /pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	_ <b> </b>												
Full Name (Last, First, Middle Initial) Scott McLarty						Date o		isburs	em				Y	
Mailing Address 1833 New Hampshire Av						0 2		2	2 7		. 2	o ŏ s	9	
,	State Zip Code DC 20009					Amou	nt o	f Each	ı D	isburse	-			b
Purpose of Disbursement media coordinator											/	90.00	)	
Candidate Name				egory/ /pe										
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼													
Full Name (Last, First, Middle Initial)										SB21I	3.90	764		
Staples  Mailing Address 50 Staples Dr							of D	isburs	err ) 4		Ź	o ŏ s	) Y	
City	State Zip Code					Amou	nt o	f Each	ı D	isburse	mer	t this	Period	
Framingham  Purpose of Disbursement SUPPORT & SERVICES:supplies	MA 01702		0								2	17.8		
Candidate Name				egory/ /pe										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	-												
State: District:									_					
SUBTOTAL of Disbursements This Page (optional) .				. ▶							81	90.19	)	

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SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 18/35
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
THE WILL BY BIODOTTOE WILLTO	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person fo	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Green Party of the United States			
/ Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.90773
Suntrust Bank			Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 9 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 9 \end{bmatrix}$
City Orlando	State Zip Code FL 32862		Amount of Each Disbursement this Period
Purpose of Disbursement SUPPORT & SERVICES:Bank fees		• •	6.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			T
Suntrust Bank			Transaction ID: SB21B.90767 Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O & Y \\ Z & O & O & Y \end{bmatrix}$
City Orlando	State Zip Code FL 32862		Amount of Each Disbursement this Period
Purpose of Disbursement	1L 32002		51.95
SUPPORT & SERVICES:Bank fees Candidate Name		Category/	
		Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID. CD01D 00769
Suntrust Bank			Transaction ID: SB21B.90768 Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & D & D & Y \end{smallmatrix} \end{bmatrix} $
City Orlando	State Zip Code FL 32862		Amount of Each Disbursement this Period
Purpose of Disbursement SUPPORT & SERVICES:Bank fees			7.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ement For:  Primary General  Other (specify)	.,,,,,	
State: District:			
SUBTOTAL of Disbursements This Page (optional)			64.95

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290// 20002 100101			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	
	Detailed Summary Page	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) Green Party of the United States			
Full Name (Last, First, Middle Initial) Suntrust Bank			Transaction ID: SB21B.90769 Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O \end{smallmatrix} \end{bmatrix} \   \mathbf{Y} $
City Orlando	State Zip Code FL 32862		Amount of Each Disbursement this Period
Purpose of Disbursement SUPPORT & SERVICES:Payroll costs:Tax Candidate Name		Catagory	545.09
	ement For:	Category/ Type	
Senate President State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.90770
Suntrust Bank			Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix} / \begin{bmatrix} 0 & 2 & 0 \\ 0 & 2 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 \end{bmatrix}$
City Orlando	State Zip Code FL 32862		Amount of Each Disbursement this Period
Purpose of Disbursement SUPPORT & SERVICES:Bank fees		•	30.00
Candidate Name	1	Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Suntrust Bank			Transaction ID: SB21B.90771 Date of Disbursement
Mailing Address P.O. Box 622227			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & Z \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & T \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix}^{Y} $
City Orlando	State Zip Code FL 32862		Amount of Each Disbursement this Period
Purpose of Disbursement SUPPORT & SERVICES:Payroll costs:Tax			504.14
Candidate Name	'	Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
			1079.23

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			NUMBEI	AGE 20	E 20 / 35			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27		22 28a	23 28b	24 28c	25		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)  Green Party of the United States									
Full Name (Last, First, Middle Initial) Suntrust Bank  Mailing Address P.O. Box 622227				Date o	action ID of Disburs	ement	B.9076		
City Orlando	State Zip Code FL 32862			Amoui	nt of Each	Disburse			
Purpose of Disbursement FUND RAISING PROGRAMS:Collection process Candidate Name	ng fees	Category, Type		L.			631.	.88	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	1,750							
Full Name (Last, First, Middle Initial) Suntrust Bank  Mailing Address P.O. Box 622227				Date c	action ID of Disburs		B.9076		
City Orlando	State Zip Code FL 32862			Amou	nt of Each	n Disburse	ement thi	is Period	
Purpose of Disbursement FUND RAISING PROGRAMS:Collection process Candidate Name		Category,					40.	55	
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial) Suntrust Bank				Date o	action ID of Disburs	ement	B.9077	2	
Mailing Address P.O. Box 622227				0 2	M / D	28	žo	Ď9 Ť	
Orlando	State Zip Code FL 32862			Amoui	nt of Each	Disburse			
Purpose of Disbursement FUND RAISING PROGRAMS:Collection process Candidate Name	ng fees	Category, Type					-724.	98	
Senate President	ment For: Primary General Other (specify)								
State: District:					•	• • •	-52.	55	
<b>SUBTOTAL</b> of Disbursements This Page (optional)			<u> </u>				JŽ.		

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	lule(s) FOR LINE NUMBER: PAGE (check only one)			AGE	21 /	35			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	22	2 [	23 28b	F	24 28c	F	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		by any perso	n for the	pur	pose of		liciting c		butions	
NAME OF COMMITTEE (In Full)										
Green Party of the United States										
Full Name (Last, First, Middle Initial)			Tra	ansa	action II	<b>)</b> :	SB211	3.90	774	
Suntrust Bank					f Disbur					_
Mailing Address P.O. Box 622227			0	2	/ D	2	8 /	Ž	o ŏ s	e <sup>*</sup>
City Orlando	State Zip Code FL 32862		An	noun	nt of Eac	h I	Disburse	-	-	-
Purpose of Disbursement								-4	98.07	7
FUND RAISING PROGRAMS:Collection process Candidate Name		0-1								
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)	71-								
State: District:										
Full Name (Last, First, Middle Initial) Tamar Yager			Da	te of	f Disbur	se		3.90	)779	
Mailing Address 2852 Chuch Walk			0	2	/ D	2	0 /	Ž	o ŏ s	) Y
City Falls Church	State Zip Code VA 22042		An	noun	nt of Eac	h I	Disburse	mer	t this	Period
Purpose of Disbursement Fundraising Manager					•			18	73.00	)
Candidate Name		Category/ Type								
Senate President	ement For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) Tamar Yager			Da	ite of	f Disbur	se				
Mailing Address 2852 Chuch Walk			O	2	/ D	2	7 _	2	o ŏ s	)
City Falls Church	State Zip Code VA 22042		An	noun	nt of Eac	h I	Disburse			-
Purpose of Disbursement Fundraising Manager				-				18	73.00	)
Candidate Name		Category/ Type								
Office Sought: House Disbursi Senate President	ement For: Primary General Other (specify)									
State: District:										
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>		-			-	32	47.93	

SCHEDULE B (FEC Form 3X)	Use separate sched	ule(s)	FOR LINE	E NUMBER: PAGE 22 / 35						
ITEMIZED DISBURSEMENTS	Detailed Summary Page    X   21		ا أ	22 28a	23 28b	24 28c	25 29	26		
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)  Green Party of the United States	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Full Name (Last, First, Middle Initial) Tamar Yager				Transaction ID: SB21B.90777 Date of Disbursement						
Mailing Address 2852 Chuch Walk				0 <sup>M</sup> 2 M	<sup>/</sup> 2	8 /	ŽOŎ	9 Y		
City Falls Church	State Zip Code VA 22042			Amoun	t of Each	Disburse	ement this			
Purpose of Disbursement Fundraising Manager							300.0	00		
Candidate Name			Category/ Type							
Office Sought: House Disbu	rsement For:  Primary Gen  Other (specify) ▼	eral								
Full Name (Last, First, Middle Initial)				Transa	ction ID:	SB21	B.90778			
Tamar Yager				Date of	Disburse	ement				
Mailing Address 2852 Chuch Walk				0 2	່ ້2	8 /	ŽOŎ	9		
City Falls Church	State Zip Code VA 22042			Amoun	ement this					
Purpose of Disbursement Fundraising Manager							384.9	90		
Candidate Name			Category/ Type							
Office Sought: House Disbu Senate President State: District:	rsement For: Primary Gen Other (specify)	eral								
Full Name (Last, First, Middle Initial)  Verizon				Date of	Disburse	ement	B.90781			
Mailing Address PO box 17577				0 <sup>M</sup> 2 M	<sup>/</sup> 2	4	ŽOŎ	9 Y		
City Baltimore	State Zip Code MD 21297			Amoun	t of Each	Disburse	ement this	Period		
Purpose of Disbursement Phone and DSL							392.5	54		
Candidate Name			Category/ Type							
Senate President	rsement For: Primary Gen Other (specify)	eral								
State: District:					• •					
SUBTOTAL of Disbursements This Page (optional	d)		<u></u>	<u>_</u>			1077.4	4		
TOTAL This Period (last page this line number on	ly)				<u> </u>		35358.7	2		

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	NUMBER: PAGE 23/35	
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	check only 21b 27	y one) 22 23 24 25 X 26 28a 28b 28c 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na			
$\rangle$	NAME OF COMMITTEE (In Full) Green Party of the United States			
	Full Name (Last, First, Middle Initial) Art & Linda Myatt  Mailing Address 50 Woodward Heights	Blvd		Transaction ID: SB26.91393 Date of Disbursement  O 2 D 2 D 2 D 2 D 2 D 2 D 2 D 3 D 3 D 4 D 4 D 5 D 5 D 5 D 5 D 5 D 5 D 6 D 6 D 6 D 6
	City Pleasant Ridge	State Zip Code MI 48069		Amount of Each Disbursement this Period
	Purpose of Disbursement converted loan to a donation			2000.00
	Candidate Name	l l	tegory/ ype	
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	2000.00

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 24 / 35 FOR LINE 13 OF FORM 3X

LUANS	Detailed Summary Page
NAME OF COMMITTEE (In Full)	
Green Party of the United States	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: SC/10.86239  Election:
Budd Dickinson	Primary  General
Mailing Address 1816 Carleton	Other (specify)
City Berkeley State CA ZIP Code	94703
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS  Date Incurred  Date Due	Interest Rate Secured:
10 D D 2008	0.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	1000.00
SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	lule D, carry forward to appropriate line of Summary.

### OANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 25 / 35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page		
NAME OF COMMITTEE (In Full)			
Green Party of the United States	Transaction ID: SC/10 00072		
LOAN SOURCE Full Name (Last, First, Middle Initial) Budd Dickinson	Transaction ID: SC/10.88873  Election: Primary General		
Mailing Address 1816 Carleton	Other (specify)		
City Berkeley State CA ZIP Cod	e 94703		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS  Date Incurred  Date Due	Interest Rate Secured:		
1 2 1 2 2 0 0 8 1/31/09	0.0000 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	1000.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

### OANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 26 / 35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page		
NAME OF COMMITTEE (In Full) Green Party of the United States			
Transaction ID: SC/10.84898			
LOAN SOURCE Full Name (Last, First, Middle Initial) Claudia Ellquist	Election: Primary General		
Mailing Address PO Box 6014	☐ Other (specify) ▼		
City Tucson State AZ ZIP Cor	de 85703		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
1000.00	8500.00 -7500.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M M D D D 2 0 0 8 1/31/09	0.0000 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	-7500.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	edule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each eategery of the

PAGE 27 / 35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page		
NAME OF COMMITTEE (In Full)			
Green Party of the United States  Transaction ID: SC/10.88871			
LOAN SOURCE Full Name (Last, First, Middle Initial) Sanda Everette	Election: Primary General		
Mailing Address 3329 Los Prados St Apt 4	Other (specify)		
City San Mateo State CA ZIP Cod	e 94403		
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period		
3000.00	0.00 3000.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
1 2 D D 2 0 0 8 1/31/09	0.0000 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	3000.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appropriate line of Summary.		

# LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 28/35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page
NAME OF COMMITTEE (In Full)	
Green Party of the United States	
LOAN COURCE Full Name (Loat First Middle Initial)	Transaction ID: SC/10.86238
LOAN SOURCE Full Name (Last, First, Middle Initial) Jody Grage	Election: Primary
, 0	General
Mailing Address 2428 NW 56th	Other (specify)
City Seattle State WA Z	IP Code 98107
Original Amount of Loan Cumulative Payme	ent To Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS	
Date Incurred Date Du	ue Interest Rate Secured:
10 31 2008	0.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If n	o Schedule D. carry forward to appropriate line of Summary.
,	

### L

Use separate schedule(s)

PAGE 29/35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Su	egory of the mmary Page	TORLINE 13	Of TOTIIVIOX
NAME OF COMMITTEE (In Full)				
Green Party of the United States			ID 00/40	20070
LOAN SOURCE Full Name (Last, First, Middle Initial)		Transaction Elect	on ID: SC/10.8 tion:	888/2
Jody Grage			Primary	
			General	
Mailing Address 2428 NW 56th			Other (specify)	•
City Seattle State WA ZIP Code	e 98107			
Original Amount of Loan  Cumulative Payment To I	Date	Balance Ou	tstanding at Cl	ose of This Period
1500.00	0.00			1500.00
TERMS Date Incurred Date Due		Interest Rate		Secured:
M M D D Y Y Y Y			٦	
1 2 1 2 2 0 0 8 1/31/09		0.0000	% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan Source				
Full Name (Last, First, Middle Initial)	Name of Emplo	oyer		
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Empl	oyer		
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Emplo	oyer		
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)	Name of Emplo	oyer		
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		<u> </u>		1500.00
TOTALS This Period (last page in this line only)		•		0 0 0
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				nary.

Use separate schedule(s) for each eategery of the

PAGE 30/35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page		
NAME OF COMMITTEE (In Full)			
Green Party of the United States			
Transaction ID: SC/10.88874			
LOAN SOURCE Full Name (Last, First, Middle Initial) Holly J Hart	Election: Primary		
,	General		
Mailing Address PO Box 2448	☐ Other (specify) ▼		
City Iowa City State IA ZIP Code	52244		
Original Amount of Loan Cumulative Payment To D	ate Balance Outstanding at Close of This Period		
1000.00	0.00 1000.00		
TERMS  Date Incurred  Date Due	Interest Rate Secured:		
M M D D Y Y Y Y 1/31/09	0.0000 % (apr) Yes X No		
List All Endows are an Occupantors (if any) to Long Course			
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Amount Guaranteed Outstanding:		
	Name of Employer		
Mailing Address	Occupation		
	Amount Guaranteed		
S, S	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
Oily Oily	Guaranteed Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
Oily State En Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	1000.00		
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	ule D, carry forward to appropriate line of Summary.		

### OANS

Use separate schedule(s) for each category of the Detailed Summary Page

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LOANS		Detailed S	Summary Page
NAME OF COMMITTEE (In Full)			
Green Party of the United States			Transaction ID: SC/10.86240
LOAN SOURCE Full Name (Last, First, Middle In Karen Jennings	itial)		Election: Primary General
Mailing Address 16 Brewer Ave			Other (specify)
City Annapolis Sta	te MD ZIP Code	21401	
Original Amount of Loan Cu	umulative Payment To Da	ate	Balance Outstanding at Close of This Period
500.00		0.00	500.00
TERMS Date Incurred	Date Due		Interest Rate Secured:
M M D D 2 2 0 0 8			0.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Sou	ırce		
Full Name (Last, First, Middle Initial)		Name of Emp	ployer
Mailing Address	(	Occupation	
	,	Amount	
City State		Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	1	Name of Emp	ployer
Mailing Address	(	Occupation	
		Amount	0 0 0 0 0 0 0 0
City State	0000	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	1	Name of Emp	ployer
Mailing Address	(	Occupation	
		Amount	
City State	ZII 0000	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	!	Name of Emp	ployer
Mailing Address	(	Occupation	
	,	Amount	
City State		Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			. ▶ 500.00
TOTALS This Period (last page in this line only)			•
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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LUANS	Detailed Summary Page	
NAME OF COMMITTEE (In Full)		
Green Party of the United States		
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: SC/10.84897  Election:	
Art & Linda Myatt	Primary  General	
Mailing Address 50 Woodward Heights Blvd	Other (specify)	
City Pleasant Ridge State MI ZIP Code	e 48069	
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period	
2000.00	2000.00 0.00	
TERMS  Date Incurred  Date Due	Interest Rate Secured:	
0 8 D D 2 0 0 8 1/31/09	0.0000 % (apr) Yes X No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)	0.00	
TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		
carry outstanding balance only to Line 3, schedule D, for this line. If no sched	idie D, carry forward to appropriate life of Suffilliary.	

### LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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LUANS	Detailed Summary Page
NAME OF COMMITTEE (In Full)	
Green Party of the United States	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: SC/10.84900  Election:
Tamar & Thomas Yager	Primary
Mailing Address	General Other (appoint)
Mailing Address 2852 Church Walk	☐ Other (specify) ▼
City Falls Church State VA ZIP Code	e 22042
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period
2000.00	0.00 2000.00
TERMS	
Date Incurred Date Due	Interest Rate Secured:
08 30 2008 1/31/09	0.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	▶ 2000.00
TOTALS This Period (last page in this line only)	• · · · · · · · · · · · · · · · · · · ·
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sched	dule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each eategery of the

PAGE 34/35 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page
NAME OF COMMITTEE (In Full)	
Green Party of the United States	Transaction ID: SC/10.88875
LOAN SOURCE Full Name (Last, First, Middle Initial) Tamar & Thomas Yager	Election: Primary General
Mailing Address 2852 Church Walk	Other (specify) ▼
City Falls Church State VA ZIP Cod	e 22042
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
1000.00	0.00 1000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
1 2 D D 2 2 0 0 8 1/31/09	0.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer
Full Name (Last, First, Mildule Initial)	name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	1000.00
TOTALS This Period (last page in this line only)	4500.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche	dule D, carry forward to appropriate line of Summary.

### Image# 29992465773 PAGE 35 / 35 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each numbered line) (check only one) 9 **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Green Party of the United States A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Hilton Palmer House convention venue Mailing Address 17 E. Monroe St. ZIP Code City State Chicago IL 60603 Outstanding Balance Beginning This Period Transaction ID: SD10.84893 10855.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 3100.00 7755.75

1) SUBTOTALS This Period This Page (optional)	7755.75
2) TOTALS This Period (last page this line number only)	▶ 7755.75
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	<b>4500.00</b>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	12255.75